

MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO. 09/830457

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		0				
7		0				
8		0				
9	/					
10		/				
11		/				
12		/				
13		4				
14		4				
15		4				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26	/					
27		/				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0				
36		0				
36		0				
37		0				
38		0				
39		0				
40		0				
41		0				
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL	↓	↓	↓	↓	↓	↓

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
66		/				
57		/				
68		/				
59		/				
60		/				
61		/				
62		/				
63		/				
64		/				
66		/				
66		/				
67	/					
68		/				
69		/				
70		/				
71		/				
72		/				
73		/				
74		/				
76		/				
76		/				
77		/				
78		/				
79		/				
80		/				
81		/				
82		/				
83		/				
84		/				
86		/				
86		/				
87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
96		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	↓	↓	↓	↓	↓	↓